

# Institutional Edit Requirements

## Chapter

## 5

**Element Name: Patient Coinsurance (1-140) (Continued)**

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATA BASE:		
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

**OR**

PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# Chapter 5

## Institutional Edit Requirements

### Element Name: Patient Coinsurance (1-140) (Continued)

	NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
		L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
		U	BENEFICIARY INDEMNIFICATION PAYMENT
	<ul style="list-style-type: none"> <li>EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.</li> </ul>		
1-140-25R	PATIENT COINSURANCE MUST EQUAL ZERO <sup>6</sup> <b>UNLESS</b>		
1-140-26R	20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES <sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] <b>WHEN:</b>		
	PROGRAM INDICATOR	I	INSTITUTIONAL
	PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);		
	ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
		Q	NEW ORLEANS STANDARD CHAMPUS
		F	CONTRACTOR STANDARD CHAMPUS
		Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	SPECIAL RATE CODE	G	DRG LONG STAY
		H	DRG SHORT STAY
		I	DRG COST OUTLIER
		J	DRG NO OUTLIER
		M	DISCOUNTED DRG LONG STAY OUTLIER
		N	DISCOUNTED DRG SHORT STAY
		O	DISCOUNTED DRG COST OUTLIER
		Q	DISCOUNTED DRG NO OUTLIER
	TYPE OF SUBMISSION	I	INITIAL SUBMISSION
		R	RESUBMISSION OF ERROR REJECT
		O	ZERO PAYMENT
		F	ADJUSTMENT NEW SUFFIX
		G	ADDITIONAL DRG INTERIM BILLING
	<b>OR</b>		
	TYPE OF SUBMISSION	A	ADJUSTMENT
		C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
	WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;		
	ANY OCCURRENCE OF	F	ARMY CAM DEMONSTRATIONS
	SPECIAL PROCESSING CODE	G	
	SPONSOR STATUS	F	FORMER MEMBER

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# Institutional Edit Requirements

## Element Name: Patient Coinsurance (1-140) (Continued)

I	PERMANENTLY DISABLED
O	TEMPORARILY DISABLED
R	RETIRED
K	DECEASED
D	100% DISABLED
W	TITLE III RETIREE
R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
#	HOSPICE
K	CATASTROPHIC LOSS
L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
U	BENEFICIARY INDEMNIFICATION PAYMENT

NO OCCURRENCE OF SPECIAL  
PROCESSING CODE

NO OCCURRENCE OF  
OVERRIDE CODE

IN WHICH CASE PATIENT COINSURANCE MUST EQUAL 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES AND DUPLICATE BILLING (1) DENIAL REASON CODE).

**1-140-25R** WHEN THE ABOVE CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COINSURANCE MUST BE ZERO IF PATIENT COPAYMENT IS NOT ZERO.

**1-140-27R** PATIENT COINSURANCE MUST EQUAL ZERO WHEN:

ANY OCCURRENCE OF  
OVERRIDE CODE

• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS SELECT.

**1-140-29R** PATIENT COINSURANCE MUST = ZERO WHEN:  
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY OR TAMP DESIGNEE  
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = (N) CHAMPUS SELECT  
ANY OCCURRENCE OF SPECIAL PROCESSING CODE = (#) HOSPICE  
SPECIAL PROCESSING CODE - (AD) ACTIVE DUTY

• COST SHARE EDIT FOR TRICARE PRIME - POINT OF SERVICE PROGRAM

**1-140-30R** PATIENT COST SHARE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED WHEN:

ENROLLMENT STATUS = U MANAGED CARE-SUPPORT PRIME

SPECIAL PROCESSING CODE = PO TRICARE PRIME-POINT OF SERVICE

**1-140-33R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

**1-145-33R** PATIENT COPAYMENT MUST BE ZERO WHEN:

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

**Institutional Edit Requirements****Element Name: Patient Coinsurance (1-140) (Continued)**

D 100% DISABLED  
W TITLE III RETIREE

**OR**

PATIENT RELATIONSHIP T FORMER SPOUSE  
H  
R  
Y

ANY OCCURRENCE OF SPECIAL ! NORTHERN REGION COORDINATED CARE  
PROCESSING CODE

NO OCCURRENCE OF K CATASTROPHIC LOSS  
OVERRIDE CODE

SPECIAL RATE CODE K HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM  
L REGION SPECIFIC PSYCHIATRIC PER DIEM

**OR**

TYPE OF INSTITUTION 72 RESIDENTIAL TREATMENT CENTER  
TYPE OF SUBMISSION I INITIAL SUBMISSION

R RESUBMISSION OF REJECT  
O ZERO PAYMENT  
F ADJUSTMENT NEW SUFFIX  
G ADDITION DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION A ADJUSTMENT  
C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE  
DATABASE

**1-140-34R** PATIENT COST SHARE MUST BE THE LESSOR OF:

a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT BILLED

**OR**

b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE

**1-145-34R** WHEN:

SPONSOR STATUS F FORMER MEMBER  
I PERMANENTLY DISABLED  
O TEMPORARILY DISABLED  
R RETIRED  
K DECEASED  
D 100% DISABLED  
W TITLE III RETIREE

**OR**

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN  
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# Institutional Edit Requirements

## Chapter 5

### Element Name: Patient Coinsurance (1-140) (Continued)

PATIENT RELATIONSHIP	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<b>OR</b>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:

**1-140-35R** COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE, IN WHICH CASE COPAYMENT MUST BE ZERO

**1-145-35R** COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN WHICH CASE COINSURANCE MUST BE ZERO.

**1-140-36R** PATIENT COST SHARE MUST BE THE LESSOR OF:  
a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED

**OR**

b.) AUTHORIZED BED DAYS TIMES THE APPLICABLE DAILY RATE

**1-145-36R** WHEN:

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# Chapter 5

## Institutional Edit Requirements

### Element Name: Patient Coinsurance (1-140) (Continued)

K DECEASED  
D 100% DISABLED  
W TITLE III RETIREE

#### OR

PATIENT RELATIONSHIP

T FORMER SPOUSE  
H  
R  
Y

ANY OCCURRENCE OF SPECIAL  
PROCESSING CODE

! NORTHERN REGION COORDINATED CARE

NO OCCURRENCE OF  
OVERRIDE CODE

K CATASTROPHIC LOSS

SPECIAL RATE CODE NOT  
EQUAL

G DRG LONG STAY  
H DRG SHORT STAY  
I DRG COST OUTLIER  
J DRG NO OUTLIER  
K HOSPITAL SPECIFIC PSYCHIATRIC PER DIEM  
L REGION SPECIFIC PSYCHIATRIC PER DIEM  
M DISCOUNTED DRG LONG STAY  
N DISCOUNTED DRG SHORT STAY  
O DISCOUNTED DRG COST OUTLIER  
Q DISCOUNTED DRG NO OUTLIER  
72 RESIDENTIAL TREATMENT CENTER  
  
I INITIAL SUBMISSION  
R RESUBMISSION OF ERROR REJECT  
O ZERO PAYMENT  
F ADJUSTMENT NEW SUFFIX  
G ADDITIONAL DRG INTERIM BILLING

TYPE OF INSTITUTION NOT  
EQUAL

TYPE OF SUBMISSION

#### OR

TYPE OF SUBMISSION

A ADJUSTMENT  
C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE:

**1-140-37R** COST-SHARE MUST BE IN COINSURANCE BUCKET IF CALCULATION RESULTS IN a.) ABOVE,  
IN WHICH CASE COPAYMENT MUST BE ZERO

**1-145-37R** COST-SHARE MUST BE IN COPAYMENT BUCKET IF CALCULATION RESULTS IN b.) ABOVE, IN  
WHICH CASE COINSURANCE MUST BE ZERO.

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN  
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> See 1-140-16R and 1-145-16R.

<sup>4</sup> See 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

# Institutional Edit Requirements

## Chapter 5

### III. INSTITUTIONAL EDIT REQUIREMENTS (ELN 145-164)

**Element Name:** Patient Copayment (1-145)

#### Validity Edits

1-145-01 MUST BE NUMERIC.

#### Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, PATIENT RELATIONSHIP, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, SPECIAL RATE CODE, BILL CLASSIFICATION CODE, OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, SPONSOR STATUS, PATIENT RELATIONSHIP, FILING DATE, BEGIN DATE OF CARE, PATIENT DOB, PATIENT COINSURANCE, OVERRIDE CODE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE, AMOUNT ALLOWED

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

**Element Name: Patient Copayment (1-145) (Continued)**

SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COINSURANCE

**Edited Element Relationship**

- NO ERROR** IF SPECIAL PROCESSING CODE = MS MEDICARE SUBVENTION/TRICARE SENIOR PRIME  
BYPASS ALL PATIENT COPAYMENT EDITING.
- 1-145-02R** PATIENT COPAYMENT MUST BE ZERO WHEN:  
TYPE OF SUBMISSION D COMPLETE CONTRACTOR DENIAL
- 1-145-03R** PATIENT COPAYMENT MUST BE ZERO WHEN:  
TYPE OF SUBMISSION C COMPLETE CANCELLATION (C) WITH FILING DATE  
WITHIN THE NUMBER OF MONTHS OF HCSRs  
STORED ON THE DATABASE  
  
**UNLESS** THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE  
PATIENT COPAYMENT MUST BE ≥ ZERO
- 1-145-05R** PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED WHEN:  
PROGRAM INDICATOR I INSTITUTIONAL  
ENROLLMENT STATUS S CRI STANDARD CHAMPUS  
J MANAGED CARE SUPPORT - HOMESTEAD  
STANDARD CHAMPUS PROGRAM
- <sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN  
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).
- <sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>3</sup> SEE 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-145-15R.
- <sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- <sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- <sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- <sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- <sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R



# Institutional Edit Requirements

## Chapter 5

### Element Name: Patient Copayment (1-145) (Continued)

	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	CONTRACTOR STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

#### OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:		
SPECIAL RATE CODE	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION

**1-145-06R** PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO) **WHEN:**

PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

## Institutional Edit Requirements

## Element Name: Patient Copayment (1-145) (Continued)

I

	F	CONTRACTOR STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE:

NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
---	---	-----------------------------------

#	HOSPICE
---	---------

NO OCCURRENCE OF  
OVERRIDE CODE

K	CATASTROPHIC LOSS
---	-------------------

- EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS  
OF DECEASED SPONSORS, (OR FORMER SPOUSE), CHAMPUS-DRG RECORDS,  
(PATIENT NOT NEWBORN), ARMY CAM DEMONSTRATIONS

1-140-09R PATIENT COPAYMENT MUST EQUAL ZERO<sup>9</sup>

UNLESS

1-145-07R GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE IS LESS  
THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG  
NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON  
CODE)] WHEN:

PROGRAM INDICATOR

I	INSTITUTIONAL
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ENROLLMENT STATUS

S	CRI STANDARD CHAMPUS
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J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
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M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
---	--

T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
---	--

Q	NEW ORLEANS STANDARD CHAMPUS
---	------------------------------

F	CONTRACTOR STANDARD CHAMPUS
---	-----------------------------

D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
---	--

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN  
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-06R

# Institutional Edit Requirements

## Chapter 5

### Element Name: Patient Copayment (1-145) (Continued)

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
<u>OR</u>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE:		
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)		
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE (T, H, R <u>OR</u> Y):		
NO OCCURRENCE OF		
OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL	F	
PROCESSING CODE	G	ARMY CAM DEMONSTRATIONS
	N	CHAMPUS SELECT

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

## Element Name: Patient Copayment (1-145) (Continued)

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

\* VA MEDICAL CENTER CLAIM

# HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN.

1-140-09R

PATIENT COPAYMENT MUST EQUAL ZERO<sup>9</sup> UNLESS

1-145-08R

GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:

PROGRAM INDICATOR

I INSTITUTIONAL

ENROLLMENT STATUS

S CRI STANDARD CHAMPUS

J MANAGED CARE SUPPORT - HOMESTEAD  
STANDARD CHAMPUS PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII  
STANDARD CHAMPUS PROGRAMT MANAGED CARE SUPPORT - STANDARD CHAMPUS  
PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

F CONTRACTOR STANDARD CHAMPUS

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER  
STANDARD CHAMPUS PROGRAMY CONTINUED HEALTH CARE BENEFIT PROGRAM  
STANDARD

TYPE OF SUBMISSION

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

G ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C CANCELLATION WITH AMOUNT ALLOWED &gt; ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE:

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN):

SPECIAL RATE CODE

G DRG LONG STAY

H DRG SHORT STAY

I DRG COST OUTLIER

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

# Institutional Edit Requirements

## Element Name: Patient Copayment (1-145) (Continued)

	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	
	G	ARMY CAM DEMONSTRATIONS
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0. PATIENT COPAYMENT = \$0.00.

**1-140-09R** WHEN THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES, PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.

USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES, BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.

### NOTE:

PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

**Element Name: Patient Copayment (1-145) (Continued)**

**1-145-10R** PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, OR \$25.00, NO OCCURRENCE OF SPECIAL PROCESSING CODE = CHAMPUS SELECT (N), VA MEDICAL CENTER CLAIM (\*), OR HOSPICE (#). OR MENTAL HEALTH (MH) ACTIVE DUTY COST SHARE.

**1-145-13R** PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	CONTRACTOR STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

# Institutional Edit Requirements

## Element Name: Patient Copayment (1-145) (Continued)

SPECIAL RATE CODE \* T FOREIGN MILITARY  
 D DISCOUNT RATE AGREEMENT  
 PATIENT DATE OF BIRTH \* BEGIN DATE OF CARE (NOT NEWBORN)  
WHEN SPECIAL RATE CODE = G, H, I, J, M, N, O, P, BLANK, OR Q (CHAMPUS DRG)  
 PATIENT RELATIONSHIP TO SPONSOR  
 NOT = FORMER SPOUSE (T, H, R OR Y)  
 BILL CLASSIFICATION CODE 1 INPATIENT  
 NO OCCURRENCE OF SPECIAL R MEDICARE/CHAMPUS DUAL ENTITLEMENT  
 PROCESSING CODE MH MENTAL HEALTH ACTIVE DUTY COST SHARE  
 # HOSPICE  
 NO OCCURRENCE OF J SUCCESSIVE ADMISSION  
 OVERRIDE CODE K CATASTROPHIC LOSS  
 U BENEFICIARY INDEMNIFICATION PAYMENT  
 V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR  
 • EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, CHAMPUS-DRG. PATIENT IS NEWBORN.

1-145-11R PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) ≤ 0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD, OR \$25.00

NO OCCURRENCE OF SPECIAL N CHAMPUS SELECT  
PROCESSING CODE

1-145-13R AND PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR I INSTITUTIONAL  
 ENROLLMENT STATUS S CRI STANDARD CHAMPUS  
 J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM  
 M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM  
 T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM  
 Q NEW ORLEANS STANDARD CHAMPUS  
 F CONTRACTOR STANDARD CHAMPUS  
 D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R

**Institutional Edit Requirements****Element Name: Patient Copayment (1-145) (Continued)**

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY (T);

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);  
 SPECIAL RATE CODE = G, H, I, J, M, N, O, OR Q (CHAMPUS DRG);  
 BILL CLASSIFICATION CODE    1    INPATIENT  
 NO OCCURRENCE OF SPECIAL    R    MEDICARE/CHAMPUS DUAL ENTITLEMENT  
 PROCESSING CODE                N    CHAMPUS SELECT  
                                       #    HOSPICE  
                                      MH   MENTAL HEALTH ACTIVE DUTY COST SHARE  
 NO OCCURRENCE OF               J    SUCCESSIVE ADMISSION  
 OVERRIDE CODE                   K    CATASTROPHIC LOSS  
                                      U    BENEFICIARY INDEMNIFICATION PAYMENT  
                                      V    ACTIVE DUTY FAMILY MEMBER SERVICES  
    PROVIDED IN OCHAMPUSEUR

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, SUCCESSIVE ADMISSIONS.

**1-145-12R**    PATIENT COPAYMENT MUST BE ≤ GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R



# Institutional Edit Requirements

## Chapter

# 5

### Element Name: Patient Copayment (1-145) (Continued)

PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	CONTRACTOR STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

SPONSOR STATUS

A	ACTIVE DUTY
P	TAMP DESIGNEE
B	RECALLED ACTIVE DUTY
E	MEPCOM ENLISTEE
J	ACADEMY/OCS
N	NATIONAL GUARD
Q	PRISONER/APPELLATE
V	RESERVE
T	FOREIGN MILITARY
T	FORMER SPOUSE
H	
R	
Y	

PATIENT RELATIONSHIP #

TYPE OF SUBMISSION

I	INITIAL SUBMISSION
R	RESUBMISSION OF ERROR REJECT
O	ZERO PAYMENT
F	ADJUSTMENT NEW SUFFIX
G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION

A	ADJUSTMENT
C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE:

- <sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN  
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).
- <sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- <sup>3</sup> SEE 1-140-16R AND 1-145-16R.
- <sup>4</sup> SEE 1-145-15R.
- <sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- <sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- <sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- <sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- <sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

## Institutional Edit Requirements

### Element Name: Patient Copayment (1-145) (Continued)

BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
ONE OCCURRENCE OF OVERRIDE CODE	J	SUCCESSIVE ADMISSION
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

#### 1-140-14R PATIENT COST-SHARE<sup>3</sup> MUST BE THE LESSER OF:

- a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED, OR (THE LESSER OF):
- b.) 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) OR
- c.) 15% OF AMOUNT ALLOWED WHEN  
ANY OCCURRENCE OF SPECIAL PROCESSING CODE N CHAMPUS SELECT
- OR
- d.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES<sup>1</sup> AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN  
ANY OCCURRENCE OF SPECIAL PROCESSING CODE N CHAMPUS SELECT

#### 1-145-14R OR

- e.) AUTHORIZED BED DAYS<sup>4</sup> TIMES THE DRG/APPLICABLE DAILY RATE WHEN:  
ANY OCCURRENCE OF OVERRIDE CODE = NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION (L):
- PROGRAM INDICATOR I INSTITUTIONAL
- ENROLLMENT STATUS S CRI STANDARD CHAMPUS
- J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- F CONTRACTOR STANDARD CHAMPUS
- D TRICARE BASIC STANDARD CHAMPUS

<sup>1</sup> REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

<sup>2</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

<sup>3</sup> SEE 1-140-16R AND 1-145-16R.

<sup>4</sup> SEE 1-145-15R.

<sup>5</sup> IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

<sup>6</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

<sup>7</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

<sup>8</sup> IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

<sup>9</sup> IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R